

St. Sebastian Catholic Church Faith Formation  
**Preparation for Sacraments of  
Reconciliation and Eucharist 2010-2011**

PLEASE ATTACH  
A COPY OF  
YOUR CHILD'S  
BAPTISMAL CERTIFICATE

Child's Name: Print name as you want it to appear on the Sacrament Certificate

\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date of Baptism: \_\_\_/\_\_\_/\_\_\_ Name of Church, City and State: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ City and State: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Number of years of Faith Formation (religious education) \_\_\_\_\_

Was your child in Faith Formation last year at St. Sebastian? \_\_\_ Yes \_\_\_ No

If no, was your child involved in Faith Formation in another parish? \_\_\_ Yes \_\_\_ No

Name of parish: \_\_\_\_\_ City and State: \_\_\_\_\_

I am registering him/her for: \_\_\_ Year I prep \_\_\_ Year II prep (completed year one)

Father's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Mother's (Maiden) Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Home Address: \_\_\_\_\_  
(#, Street or Apt) (City, State, Zip)

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

We wish to receive parish messages via the ONE CALL SYSTEM. Please use the following phone number(s)/  
email for alerts. 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

We are active, registered members of St. Sebastian. Year of registration: \_\_\_\_\_ Envelope # \_\_\_\_\_

**The preparation process for the sacraments of Reconciliation and Eucharist involves:**

- regular attendance at Sunday (Saturday) Liturgy (sign -in book 1st & 2nd year children)
- participation in parish *Generations of Faith* gatherings
- parent and child preparation at home (materials provided)
- Participation and attendance in weekly Faith Formation classes.

I understand that I am committing to active involvement of my child and myself (and/or spouse) in both the parish and home dimensions of the Preparation process.

(Parent Signature) \_\_\_\_\_ Date: \_\_\_\_\_

## Diocesan Permission and Medical Treatment Waiver

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby give my permission for him/her to attend faith formation classes on the premises of St. Sebastian Catholic Church located at 13075 US Highway 1, Sebastian Florida, to be treated for a medical emergency in my absence while participating in the faith formation program. The Director of Faith Formation or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Palm Beach, the parish of St. Sebastian, its staff or adult supervisor responsible.

In case of an emergency, if I am not available at the above listed phone numbers, please contact:

Name: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Cell # (\_\_\_\_\_) \_\_\_\_\_

**\*\* \$60.00 Fee is due per registration. This fee covers texts, classroom materials and all other materials. DUE: JULY 1, 2010 with registration. Registering by July 1 allows us to order books and materials in a timely manner as well as secure catechists. Fee includes cost of participation in Generations of Faith.**

**Faith Formation Classes will be held on Sunday mornings from 10:45 until 11:50.**

**\$10.00 late fee will apply after July 1.**

### OFFICE USE ONLY

Completed Form Received \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Baptismal Form Attached \_\_\_\_\_

Registering for year 1 prep \_\_\_\_\_

Registering for year 2 prep \_\_\_\_\_

My child was baptized at St. Sebastian \_\_\_\_\_

Completed registration is due **in Full** by **July 1, 2010**. If you have a financial concern, please contact Sister Susan at 589-4147. Some assistance is available for **active, registered parishioners**. We want ALL children to participate regardless of ability to pay. We are committed to "passing on our Faith".